## PART B – FEE(S) TRANSMITTAL

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Pearl Cohen Zedek 1500 Broadway 12th Floor New York, NY 100			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilie transmitted to the USPTO (571) 273-2885, on the date indicated below.				
							(Depositor's Name (Signature
							(Date
APPLICATION NO.	FILING DATE	FIRST NAMED	) INVENTOR	ATT	TORNEY DOCKET NO.	CONFIRM	IATION NO.
10/585,928 07/13/2006 Ilan Ziv					P-8972-US	8	877
TITLE OF INVENTION:	PERTURBEI	) MEMBRANE-BINI	DING COMPOUND	S ANE	METHODS OF USIN	NG THE SAME	
APPLN. TYPE SMALI	ENTITY ISSUE	FEE DUE PUBLIC	CATION FEE DUE	PRI	EV. PAID ISSUE FEE	TOTAL FEE(S) I	DUE DATE DUE
nonprovisional Y	YES \$	755	\$300		\$0	\$1,055	04/27/2011
EXAMINE SAMALA, JAGADIS		ART UNIT 1618	CLASS-SUBCL 424-001650		]		
					6		
1. Change of correspon Address" (37 CFR 1.363)  Change of corr Correspondence Address "Fee Address" indic PTO/SB/47; Rev 03-02 Customer Number is re	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed.  1 PEARL COHEN ZEDEK  2 LATZER, LLP						
3. ASSIGNEE NAME AN PLEASE NOTE: Unle filed for recordation as ser	ss an assignee is ider	tified below, no assign	nee data will appear	on the	patent. If an assignee is	s identified below, the	e document has been
(A) NAME OF ASSI	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Aposense Ltd.			Petach-Tikva, Israel				
Please check the appropriate as	signee category or cat	egories (will not be prin	ted on the patent):	☐ Indiv	idual 🗖 Corporation o	or other private group	entity  Government
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☑ Publication Fee (No	Payment by credit card. Form PTO-2038 is attached.						
Advance Order - #	☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 50-3355 (enclose an extra copy of this form)						
5. Change in Entity Status (  a. Applicant claims S			□ h Applicant	is no lo	nger claiming SMALL F	ENTITY status See 37	CFR 1 27(g)(2)
NOTE: The Issue Fee a the assignee or other par The Director of the USP previously paid in this a	nd Publication Fee ty in interest as sho TO is requested to a	(if required) will not wn by the records of apply the Issue Fee a	t be accepted from the United States I nd Publication Fee	anyon Patent a	e other than the appli and Trademark Office	icant; a registered a	ttorney or agent; or
Authorized Signature:			Date: April 14, 2011				
Typed or printed name:	Registration Number: 60,234						
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